



**Hillsborough County**

**Hillsborough County Active Military Combat Duty Grant Application**

Applicant (Surviving Spouse: \_\_\_\_\_) Telephone \_\_\_\_\_

Military Member Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FOLIO NO. \_\_\_\_\_ County Ad Valorem Taxes Paid: \_\_\_\_\_ Tax Year \_\_\_\_\_

Combat Zone Service Location \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

**NOTE:** This application must be accompanied by:

1. Copy of the document verifying dates of combat service;
2. Copy of Hillsborough County Notice of Ad Valorem Taxes and Non-Ad Valorem Assessments for the Respective Tax Year;
3. Proof of Homestead Exemption (Exemption status is shown on above Ad Valorem Tax Notice);
4. Signed copy of Form W-9;
5. Copy of DD Form 1300, Report of Casualty;
6. Copy of Marriage Certificate/License (required for original first year applications);
7. Notarized statement of marital status (required for all subsequent year applications).

Note: If anyone other than the un-remarried surviving spouse is applying, please provide a copy of the legal document authorizing a specific agent to act on behalf of the applicant.

**CERTIFICATION**

I certify that the applicant listed above owns and/or resides in the property listed above for which I am applying. I understand that the grant amount will not exceed \$1500. If this is not true, please explain the circumstances on an attached page.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Veteran Affairs Office Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grant Amount

If the property is no longer owned by the applicant identified above, please provide the date the property was sold or transferred \_\_\_\_\_.

Batch Date	
Document No.	
Vendor No.	
Document Amt.	
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Sig. Approval	

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